Application for Temporary/Short-Term Event (Maximum of 14 Consecutive Days) Food Service/Health Permit

Name of Event:	Address/Location of Event:	
Date(s) of Event (Please indicate only the event):	e dates that your business will be open at the	Hours of Operation (Of your business for the event)
Business Name (if applicable):	Business Address:	Business Phone #:
Contact Person's Name:	Mailing Address:	Contact Phone #:
Type of Business (please check • Will you be serving: □ PRE-PACKAGED FOOD □ FOOD P		D SOFT DRINKS FOUNTAIN SOFT DRINKS
OTHER (specify): Which of the following will be REFRIGERATION MICROV OTHER (specify):	utilized on-site at the event:	☐ FRYER
What type of structure will you TENT	u be serving from: STATIONARY	CART TRAVELING CART
MISCELLANEOUS INFORMATION (PLI	EASE INCLUDE ANY ADDITIONAL INFORMA	ATION HERE):
Business Owner's Signature:		Date Signed:

Application MUST be submitted at least 5 working days prior to the 1st scheduled date of the event

Permit Fee of \$25 due at time of application submittal (Fee waived with proof of Tax Exempt status)

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